

(Attachment C, prev E)

## Application for Authorization to Delegate Dispensing Authority

(Applicable for local health department physicians only under BPQA Declaratory Ruling 01-1)

Physician's Name \_\_\_\_\_

Physician License Number and Expiration Date \_\_\_\_\_

Employer: Local Health Department or Unit of DHMH \_\_\_\_\_

Site(s) Where Drugs/Devices Will Be Dispensed \_\_\_\_\_

Name(s) of Prescriber(s) whose prescriptions may be dispensed under delegation (yourself and any other authorized prescriber whose prescriptions will be dispensed under your authority)

\_\_\_\_\_

By your signature below, you acknowledge and accept your responsibility with respect to delegating your authority to dispense drugs and/or devices:

- To verify that each Registered Nurse to whom you delegate authority has been properly trained according to the Declaratory Ruling 01-1;
- To sign the Physician Delegation Documentation Log at least annually;
- To assure that the potential for adverse effects is assessed if the prescribed medication is taken by a patient who is allergic to an ingredient or if the prescribed medication is taken concurrently with other medications taken by the patient;
- To assure that all drugs and devices prescribed for dispensing under this authorization are on the approved formulary for the local health department where dispensing will occur; and
- To accept full responsibility for all dispensing activity delegated under this authorization.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Officer Signature

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Chairman, Maryland Board of Physicians

\_\_\_\_\_  
Date

Return completed form to: Mr. C. Irving Pinder, Jr., Maryland Board of Physicians, 4201 Patterson Avenue, Baltimore, MD 21215-2299